

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 25 AM 10:45

DOCUMENT # F99000002171

1. Corporation Name

APD AUTOMATIC TRANSMISSION PARTS, INC.

Principal Place of Business

Mailing Address

824 MEMORIAL DRIVE, S.E.
ATLANTA GA 30316

824 MEMORIAL DRIVE, S.E.
ATLANTA GA 30316

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-1106168

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CD	HABIF, MORRIS	824 MEMORIAL DRIVE	ATLANTA GA 30316
PD	HABIF, MICHAEL	824 MEMORIAL DRIVE	ATLANTA GA 30316
S	ANDERSON, PATSY	824 MEMORIAL DRIVE	ATLANTA GA 30316
			700005205017--9 -04/08/02--01051--011 ***1050.00 ***1050.00 [Signature]

8. Name and Address of Current Registered Agent

LAMBERT, GERALD
250 EAST FIRST STREET
JACKSONVILLE FL 32206

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date 2-13-02

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ext 307